An Overview of Wisconsin's Family Care Program

In the mid-1990s, a broad consensus developed on the need to redesign Wisconsin's long-term care system, prompted by concerns with the cost and complexity of the long-term care system, inequities in availability, and by projections of an aging population's growing demand for long-term care. Over the next few years, consumers, advocates, providers, state and local officials, and others collaborated to design a new approach to the provision of long-term care in Wisconsin. This new approach, named "Family Care," was designed to provide cost-effective, comprehensive and flexible long-term care that will foster consumers' independence and quality of life, while recognizing the need for interdependence and support. Family Care was partially based on experience in developing the Wisconsin Partnership Program (dhfs.wisconsin.gov/WIpartnership), which integrates all health and long-term care services into one inclusive benefit.

Family Care, authorized by the Governor and Legislature in 1998, serves people with physical disabilities, people with developmental disabilities and frail elders, with the specific goals of:

- Giving people better choices about where they live and what kinds of services and supports they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.

2. Care management organizations (CMOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences.

Aging and disability resource centers and CMOs are available in five counties: Fond du Lac, Portage, La Crosse, Milwaukee (serves the elderly population only) and Richland. In addition, seven counties provide only resource center services: Kenosha, Trempealeau, Marathon, Jackson, Barron, Brown and Green.

Using the resource center model developed by Family Care, Wisconsin is moving to create additional aging and disability resource centers accessible to everyone in the state. For more information about Wisconsin's initiative to expand aging and disability resource centers, e-mail otta@dhfs.state.wi.us.

Overview of Aging and Disability Resource Centers

Aging and disability resource centers offer the general public a single entry point for information and assistance on issues affecting older people, people with disabilities, or their families. These centers are welcoming and convenient places to get information, advice and access to a wide variety of services. As a clearinghouse of information about long-term care, they will also be available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. Services will be provided through the telephone or in visits to an individual's home. Detailed descriptions of the services the resource centers provide are contained in the resource center contract. A copy of the contract is available on our web site at dhfs.wisconsin.gov/LTCare. A more general description of the services they provide follows:

- **Information and Assistance**. Provide information to the general public about services, resources and programs in areas such as: disability and long-term care related services and living arrangements, health and behavioral health, adult protective services, employment and training for people with disabilities, home maintenance, nutrition and Family Care. Resource center staff will provide help to connect people with those services and to also apply for SSI, Food Stamps and Medicaid as needed.

- **Long-Term Care Options Counseling**. Offer consultation and advice about the options available to meet an individual's long-term care needs. This consultation will include discussion of the factors to consider when making long-term care decisions. Resource centers will offer pre-admission consultation to all individuals with long-term care needs entering nursing facilities, community-based residential facilities, adult family homes and residential care apartment complexes to provide objective information about the cost-effective options available to them. This service is also available to other people with long-term care needs who request it.

- **Benefits Counseling**. Provide accurate and current information on private and government benefits and programs. This includes assisting individuals when they run into problems with Medicare, Social Security, or other benefits.

- **Emergency Response**. The resource center will assure that people are connected with someone who will respond to urgent situations that might put someone at risk, such as a sudden loss of a caregiver.

- **Prevention and Early Intervention**. Promote effective prevention efforts to keep people healthy and independent. In collaboration with public and private health and social service partners in the community, the resource center will offer both information and intervention activities that focus on reducing the risk of disabilities. This may include a program to review

medications or nutrition, home safety review to prevent falls, or appropriate fitness programs for older people or people with disabilities.

- **Access to the Family Care Benefit**. For people who request it, resource centers will administer the Long-Term Care Functional Screen to assess the individual's level of need for services and eligibility for the Family Care benefit. Once the individual's level of need is determined, the resource center will provide advice about the options available to him or her – to enroll in Family Care or a different case management system, if available, to stay in the Medicaid fee-for-service system (if eligible), or to privately pay for services. If the individual chooses Family Care, the resource center will enroll that person in a CMO. The level of need determined by the Long-Term Care Functional Screen also triggers the monthly payment amount to the CMO for that person.

Findings from the Aging and Disability Resource Centers
During calendar year 2004, resource centers handled nearly 66,500 contacts. The number of contacts is only an approximation of the number of individuals who received information and assistance from the resource centers; one person may have made more than one contact during this period, while other single contacts assisted more than one person. A contact is defined as an exchange between a person seeking assistance or information and a resource center staff person trained to provide that assistance.

- People calling on their own behalf as well as staff from long-term care facilities and community agencies are the most frequent callers, followed by friends and relatives.

- People most often call the resource center seeking information and assistance related to basic needs and financial related services such as health insurance, money problems, or paying for food and utilities. However, people have called their resource center about a wide variety of topics from in-home care to hospice services, from legal issues to Alzheimer's care, from job help to education.

Overview of Care Management Organizations (CMOs) and the Flexible Family Care Benefit

Family Care improves the cost-effective coordination of long-term care services by creating a single flexible benefit that includes a large number of health and long-term care services that otherwise would be available through separate programs. A member of a CMO has access to a large number of specific health services offered by Medicaid, as well as the long-term care services in the Home and Community-Based Waivers and the very flexible state-funded Community Options Program. In order to assure access to services, CMOs develop and manage a comprehensive network of long-term care services and support, either through contracts with providers, or by direct service provision by CMO employees. CMOs are responsible for assuring and continually improving the quality of care and services consumers receive. CMOs receive a monthly per person payment to manage and purchase care for their members, who may be living in their own homes, group living situations, or nursing facilities. Some highlights of the Family Care benefit package are:

- **People Receive Services Where They Live**. CMO members receive Family Care services where they live, which may be in their own home or supported apartment, or in alternative residential settings such as Residential Care Apartment Complexes, Community-Based Residential Facilities, Adult Family Homes, Nursing Homes, or Intermediate Care Facilities for people with developmental disabilities.

- **People Receive Interdisciplinary Case Management**. Each member has support from an interdisciplinary team that consists of, at a minimum, a social worker/care manager and a Registered Nurse. Other professionals, as appropriate, also participate as members of the interdisciplinary team. The interdisciplinary team conducts a comprehensive assessment of the member's needs, abilities, preferences and values with the consumer and his or her representative, if any. The assessment looks at areas such as: activities of daily living, physical health, nutrition, autonomy and self-determination, communication, and mental health and cognition.

- **People Participate in Determining the Services They Receive**. Members or their authorized representatives take an active role with the interdisciplinary team in developing their care plans. CMOs provide support and information to assure members are making informed decisions about their needs and the services they receive. Members may also participate in the Self-Directed Supports component of Family Care, in which they have increased control over their long-term care budgets and providers.

- **People Receive Family Care Services that Include:**

  - **Long-Term Care Services** that have traditionally been part of the Medicaid Waiver programs or the Community Options Program. These include services such as adult day care, home modifications, home delivered meals and supportive home care.

  - **Health Care Services** that help people achieve their long-term care outcomes. These services include home health, skilled nursing, mental health services, and occupational, physical and speech therapy. For Medicaid recipients, health care services not included in Family Care are available through the Medicaid fee-for-service program.

  - **People Receive Help Coordinating Their Primary Health Care**. In addition to assuring that people get the health and long-term care services in the Family Care benefit package, the CMO interdisciplinary teams also help members coordinate all their health care, including, if needed, helping members get to and communicate with their physicians and helping them manage their treatments and medications.

  - **People Receive Services to Help Achieve Their Employment Objectives**. Services such as daily living skills training, day treatment, pre-vocational services and supported employment are included in the Family Care benefit package. Other Family Care services such as transportation and personal care also help people meet their employment goals.

  - **People Receive the Services that Best Achieve Their Outcomes**. The CMO is not restricted to providing only the specific services listed in the Family Care benefit

package. The CMO interdisciplinary care management team and the member may decide that other services, treatments or supports are more likely to help the member achieve his or her outcomes, and the CMO would then authorize those services in the member's care plan.

For a complete list of the services that must be offered by CMOs, refer to the description of the long-term care benefit package in the Health and Community Supports Contract, which is available on our web site at: dhfs.wisconsin.gov/LTCare.

CMO Enrollment by Target Group

The table below presents CMO enrollment as of March 31, 2006, by target group. These figures include all members whose eligibility for the Family Care benefit had been determined and recorded as of May 9, 2006.

Total CMO Enrollment by Target Group*
March 31, 2006

CMO Counties	Elderly	Developmental Disabilities	Physical Disabilities	Target Group Not Recorded**	Total
Fond du Lac	460	351	154	1	**966**
La Crosse	623	518	555	4	**1,700**
Milwaukee	5,784	11	40	18	**5,853**
Portage	428	254	186	1	**869**
Richland	153	103	80	1	**337**
Total	**7,448**	**1,237**	**1,015**	**25**	**9,725**

* The Adult Long-Term Care Functional Screen allows more than one Target Group to be selected for each individual screened. DHFS uses a "Target Group Hierarchy" to ensure that each person screened is assigned to only one Target Group for data in this report.
** CMO members whose enrollment records cannot yet be matched with target-group information from their functional screens, usually because of the timing with which the data from the two sources are loaded into the central database.

Quality and Cost-Effectiveness of CMO Services

An independent assessment* (completed in late 2005) found that Family Care produced substantial savings for Wisconsin's Medicaid program. The study compared Medicaid-funded long-term care costs in 2003 and 2004 for people in Family Care to costs for similar people who received long-term care in other programs. Average monthly costs for the Family Care members were $452 lower per person. Spending was $55 lower per person for Milwaukee County.

Analyses of the reasons for the cost savings found that, among other reasons, Family Care favorably affects its members' health and abilities to function, so that over time they have less need for services than their counterparts in the comparison group. While Family Care members had more frequent physician office visits for primary care, expenditures for non-primary care

* DHFS contracted with APS Healthcare, Inc. to perform the independent assessment, which is a federal requirement for operating the program. More information is available at: dhfs.wisconsin.gov/LTCare/ResearchReports/IA.HTM.

office visits decreased among Family Care members. It appears that more-frequent primary care physician visits provide opportunities to increase prevention and early intervention health care services, which in turn reduce the need for more acute and costly services among members of Family Care.

Implementing Statewide Reform

In October 2005, the Wisconsin Department of Health and Family Services issued a Request for Information/Proposals (RFI/RFP) to identify potential partners and strategies for expanding managed long-term care, perhaps like Family Care or the Wisconsin Partnership Program, on a statewide basis. For more information on this initiative, see dhfs.wisconsin.gov/ltcare/rfi.